ERIC Document Resume	See Instruction Sheet	DATE OF RESUME	DATE RECEIVED

A. PUBLICATION DATA

1. ERIC NUMBER	2. ORIGINATOR CONTROL NO(S).	3. IDENTIFICATION NO.	DO NOT WRITE IN SPACE BELOW
ED002498	N.A.	N.A.	

4. AUTHOR(S): Bagley, R.B.

5. TITLE OF DOCUMENT ABSTRACTED: Serving Children With Handicaps in a Rural State

6. PUBLICATION TITLE: N.A.

7. EDITOR(S): N.A.

8. PLACE OF ORIGIN (ORG.): Crippled Children's Service, Montgomery, Alabama (ST., CITY, STATE)

9. PUBLISHER OR SOURCE: National Committee for Children and Youth, 1145 19th St., N.W. Washington, D.C. 20036

10. VOL.	11. PAGES	12. MO./YR.	13. TOTAL PP.
N.A.	N.A.	9/63	4

TELE. EXT. INST/LOC CODE

MICROFILM COPY AVAILABLE: YES ☒ NO ☐

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COPYRIGHT RELEASE FILED: YES ☐ NO ☐

TYPE OF REPORT: PROPOSAL ☐ IN-PROGRESS ☐ FINAL ☒ FOLLOW-UP ☐

OTHER ERIC REFERENCES:

ERIC SATELLITE CODE

B. INDEXING DATA

14. SUBJECT AREA

15. TYPE OF ENDEAVOR: Report

16. INDEXING TERMS (0-12)

vocational education
handicapped children
crippled children
health services
rural youth
itinerant clinics

17. ABSTRACT (MAX. 250 WORDS)

The history, clientele, responsibilities, and needs of the State Crippled Children's Service are described. The agency, designed to help with medical, educational, and social problems of crippled children, tries simultaneously to aid the children in reducing their handicaps; in advancing educationally during physical rehabilitation; and in adjusting emotionally to handicaps, family, and community relations.

The Crippled Children's Service programs were at first mainly orthopedic but now serve almost all handicapping conditions. Programs vary from state to state. State and volunteer agencies cooperate in trying to help as many children as possible without duplication of services.

Illustrative of the Services' functions, the Alabama Society for Crippled Children and Adults furnishes transportation to hospital centers and to clinics. Each county has a local unit that plans jointly with the Service staff. Local groups assist in buying wheelchairs and other home equipment needed by the severely handicapped. The clinics and hospital centers have become more accessible to rural children. Itinerant clinics serve most rural counties. Some types of conditions are treated only in larger centers because of the availability of specialists and the number of children involved.

Needs in Alabama, which typify the needs of other States, are for additional nurses, physical therapists, and medical social workers; for more camping and recreational facilities for the handicapped; for more workshops for the severely handicapped; and for the establishment of clinics to serve the multiple handicapped child in order to eliminate the necessity for one child to attend several clinics.

ERIC No.

18. SOURCE OF ABSTRACT

C. FUNDING DATA

19. SUPPORTING ORGANIZATION	20. DIVISION OR DEPT.	21. CONTRACT NO. / PROJECT NO.
	22. TOTAL COST OF PROJECT	
	23. DURATION OF PROJECT	U.S. Department of Health, Education, and Welfare Office of Education

ERIC Form 1

ED002498

SERVING CHILDREN WITH HANDICAPS IN A RURAL STATE

U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
Office of Education

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Prepared for

The National Conference on Problems of Rural Youth
in a Changing Environment

September 1963

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SERVING CHILDREN WITH HANDICAPS IN A RURAL STATE

The State Crippled Children's Service is an agency designed to help with medical, educational, and social problems of crippled children. Its purpose is to assist each crippled child to reduce his handicap as much as possible, to advance educationally while undergoing physical restoration, and to adjust emotionally to his handicap, and to his family and community relationships.

In the beginning the Crippled Children's Service programs were primarily orthopedic. At the present time it is a rather comprehensive program serving practically all handicapping conditions. The type program varies from state to state. No two have identical programs. Some treat only a few of the crippling conditions, yet other states have almost complete coverage. The difference in the programs, in some instances, is caused by lack of financial support. A program to be of value must serve all of the children with handicaps who need service. This should cover not only all types of crippling conditions but should be available to rural as well as urban areas.

Statistics show that in the Nation 4.9 children are served per 1,000 population under 21 years of age. 6.9 per 1,000 population are served in Region IV (Southeast). 7.1 per 1,000 population are served in Alabama. The large percentage of children being served is the result of the fine cooperative program between the Crippled Children's Service and the lay organizations. There is a close working relationship between all of the State Agencies and all volunteer agencies, all working to serve as many children as possible without duplication.

In 1921 the Alabama Vocational Rehabilitation Service was established. In the beginning this program was strictly a training and placement program. The leaders soon recognized that a physical restoration program to relieve or alleviate the crippling condition would make the job of training and placement a much easier task. This program was and still is in the Department of Education.

In 1926, upon the recommendation of this group, the Superintendent of Education called a meeting of the representatives of State Health, Welfare and Education Departments, along with interested individuals from lay and civic groups. It was decided at that time to establish a program of services for crippled children as a part of the Vocational Rehabilitation Service. This Service to be in the Department of Education. The State Crippled Children's Service is still in the Department of Education as a part of the Division of Rehabilitation and Crippled Children's Service. The programs for children and adults are entirely separate but are closely coordinated.

In working with children from 16-21 years of age, the programs are jointly planned, and in numerous cases, the Crippled Children's Service will be paying for physical restoration and at the same time Rehabilitation Service will be training the child for employment. There is no duplication of services but each supplements the other.

When lay groups are organized the State Agency works with them helping with the organization, helping plan programs and working with them to establish objectives so there will be no duplication of effort, always pointing out that the child is the responsibility of the local community and the State Agency is the resource in helping them solve the problems of their children.

In 1927 the State was divided into three districts and hospital centers were established in each. The reason for this division was that at that time there were only three orthopedic surgeons available and only three hospital centers in the state. Regular clinics were established in the hospital centers and itinerant clinics were held in most of the rural areas. No clinic was held in a county without the approval of the Medical Society and the local Health Officers.

These clinics were convenient for checkup on children following surgery and for diagnostic purposes. They also served to publicize the program and were very valuable as a case-finding device. They also established a very fine working relationship with the lay workers as well as the professional workers.

The lay groups do not operate clinics nor do they have a field staff, but they all work very closely with the State Agency.

The Alabama Society for Crippled Children and Adults (The Easter Seal Agency) has always assumed the responsibility of furnishing transportation to hospital centers and to clinics. Each county has a local unit and they work with the staff of the Crippled Children's Service in planning itinerant clinics, lunches for children, and transportation when needed. Also, the local groups assist in the purchase of wheelchairs and other home equipment needed for the severely handicapped. Similar relationship exists with the United Cerebral Palsy, Muscula Dystrophy, and Cystic Fibrosis Associations, and the National Foundation.

In some instances the work of the Crippled Children's Service has been an inspiration for the parents to organize and cooperate in serving these children At other times the parent organizations have alerted the State Agency to the need of certain groups and has caused the State program to be broadened. All o these lay groups have united to assist in publicizing the work of the State Agency and to help get increased appropriations. The efforts of these groups have been very effective.

The present Legislature has increased the appropriation more than 40% ove last year. All of the lay groups have been unselfish in their efforts toward building up the State Service, knowing that if the State Service could finance the physical restoration program they could use their efforts toward enriching the program of their particular group.

Over the period of the past several years the word crippled has taken on a different meaning. From the narrowly defined concept of a crippling condition as an orthopedic defect, there has developed a wider point of view. It encompasses, within the meaning of the word crippled, all types of handicaps, including the orthopedic, defects of vision, hearing and speech, epilepsy, cardiac disorden, cleft lip and palate, hemangioma and burn scars. Similary the concept of what services should be made available for crippled children has expanded and developed. It is now recognized that medical and surgical procedures alone are not sufficient but must be integrated with all other services to enable the handicapped person to achieve the maximum amount of rehabilitation possible. These broader concepts are basic to a complete program of medical care and treatment, and of health, welfare, educational, recreational, and employment services. It is, of course, essential to correlate the plans of all agencies in behalf of a child to prevent duplication of effort and to assure the best service to the crippled child.

A comprehensive approach is essential also to promote the building of an integrated program in which individuals with multiple handicaps can receive the benefits of complete care. For example, the cerebral palsied child with defective hearing and speech, or the orthopedically handicapped person with epilepsy or impaired heart.

Where we had only orthopedic clinics in the early days in Alabama, we how have:

Orthopedic, which includes

Amputee
Clubfoot and
Arteriovenous Shunt

Juvenile Rheumatoid Arthritis
Cerebral Palsy
Cleft Palate
Plastic
Visual
Hearing
Epilepsy
Cystic Fibrosis

In addition to accepting all of the crippling conditions, we have also made the clinics and hospital centers more accessible to the child in the rural areas as hospital centers and specialists became available. Hospital centers have now been established in eight cities and permanent clinics are regularly scheduled in these centers.

We still have itinerant clinics for the most rural counties, or counties that are far removed from the hospital centers.

There are some types of acceptable conditions that are still treated only in the larger centers. There are two reasons for this, (1) the availability of specialists and, (2) the number of children involved. One example of this is the cleft palate clinic. Children with cleft palate are seen by a team in three of the larger centers. This program started in the Medical Center in Birmingham. There we had available a team composed of the orthodontist, prosthodontist, dentist, plastic surgeon, otologist, audiologist, pediatrician, speech therapist, nurse and medical social worker. This was a cooperative effort with the Crippled Children's Service, the Dental College, the Medical College of Alabama, and the University of Alabama.

When specialists became available centers were established in two other large centers. It is not anticipated that we will ever attempt to have this type clinic in any other center because of the shortage of professional help and the small number of children to be treated. We know that where we have only one or two children in a county it is more practical to transport these children to the center than it is to try to take a large team of professional people to the children. This does not work a great hardship on any family since transportation is furnished by the local lay groups.

Another of the special clinics is the Amputee Clinic. These are held in the larger centers where we can have the orthopedic surgeon, a trained prosthetist, a physical therapist, and a medical social worker. There are not enough children amputees to take these clinics into more than three of the larger centers.

There are several other clinics that are held in the larger centers. The Cystic Fibrosis, the Juvenile Rheumatoid Arthritis and Epileptic clinics are held in the larger centers.

The Arthritis Clinic and the Cystic Fibrosis Clinic are being operated as pilot projects to make studies of children suffering from these diseases and to determine the need for expanding the services.

The Congenital Heart Program is carried out in connection with the Medical College in Birmingham. This is the only condition the Crippled Children's Service treats where we do not hold a clinic. We cooperate with the Cardiology Department of the University and serve only those children who can be treated by surgery.

We are serving more than 10,000 children per year and we know this would have been impossible had we not had the wholehearted support of the professional and lay organizations, and the public. We still have a great many needs in Alabama:

1. We need additional nurses, physical therapists, and medical social workers in the Crippled Children's Service program. At the present time we have 29 professional workers but we need more.

2. We have been working with the local groups and civic clubs trying to establish a statewide camping program for the handicapped children. There has been a great deal of interest in this and we have worked with the YMCA and local civic clubs. We have had a camp for the severely crippled for a number of years but this is a limited program and we need more camping and recreational facilities for the handicapped.

3. We also see the need of workshops for the severely handicapped. Vocational Rehabilitation has been working with the lay groups and are establishing workshops in strategic centers throughout the State.

4. We also feel that we would like to try to establish clinics for the multiple handicapped children. At the present time we have many children that attend four different clinics. If we could establish a clinic for the multiple handicapped we feel that we could serve these children in one clinic.

CJM 8/2/63